

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012682

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 23 1959		Registration District No. 72		Primary Registration District No. 3013		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hosp.</u>		Length of stay in lb <u>20 Min</u>		d. STREET ADDRESS (If outside, give location) <u>6109 N. Garfield</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Fugua</u> Last <u>Fugua</u>				4. DATE OF DEATH Month <u>4</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 22, 1901</u>		9. AGE (In years last birthday) <u>58</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk, Wm. Walker Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Warrensburg Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Fugua</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-01-1724</u>		17. INFORMANT Address <u>Mrs. Alice Fugua, 6109 N. Garfield</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure, Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Ischemia</u> DUE TO (c) <u>Thrombosis, coronary artery (anterior descending artery)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM <u>8,9</u> <u>7-1-53 DES CORRECTED</u> BY: 1. AFFIDAVIT OF <u>Informant</u> 2. DOCUMENT <u>Ad. of Christian Comm., K.C. Conf. of Supt. 5-15-48</u>				
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>None</u> to <u>her</u> and last saw <u>him</u> alive on <u>4/13/59</u> Death occurred at <u>4:15</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or proxy) <u>Spate M. J. Coroner</u>				22b. ADDRESS <u>North Kansas City Mo</u>		22c. DATE SIGNED <u>4/13/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-13-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cremation</u>		23d. LOCATION (City, town, or county) (State) <u>Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer N.K.C.</u>				25. DATE RECD. BY LOCAL REG. <u>4-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Fugua</u>	

1001 1700 SA



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John H. Kalkreuth

Licensed Embalmer No. 4949
P. O. Address Mo. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.